

GENERAL PROGRAM POLICIES

Guidance for Rhode Island's Early Childhood Education Programs

High-quality early childhood education programs have written plans and program policies in place that guide the implementation of consistent, high-quality services across the program and:

- Reflect research and best practices in the field of early childhood education,
- Comply with the educational and structural standards set forth in the Rhode Island Department of Education's Standards Comprehensive Early Childhood Education Program standards,
- Comply with other federal, state, or local regulations governing the program, and
- Result in effective family engagement services that contribute to positive outcomes for children in their early childhood years and beyond.

The Comprehensive Early Childhood Education Program standards address several general types of written plans and program policies. It is anticipated that programs have a variety of other types of plans and policies, as well. The following guidance will assist programs to develop the general written plans and program policies required by RIDE:

Cleaning and Sanitation

Standard (1.6) states: All parts of the program and its premises shall be kept in good repair, clean, neat, and free of hazards. Maintenance of the facility including daily cleaning shall be done at a time that does not interfere with children's learning or health and safety. Additionally, fundamental methods for achieving the control of rodent and insect infestation shall be used:

- Good sanitation and proper screening
- Proper use of insecticides and rodenticides.
- Structure blocking of avenues through which insects and rodents could gain access to the building.
- Insecticides and rodenticides used approved by the State Health Department

Standard (2.9) states: The program shall conduct routine cleaning and sanitizing *of* all surfaces in the facility.

- a. Sanitizing shall be consistent with the recommendations of Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care, A Joint Collaborative Project of the American Academy of Pediatrics, American Public Health Association and National Resource Center for Health and Safety in Child Care. Caring for Our Children recommends the use of a sanitizer of 1/4-cup household bleach to one gallon water which is made fresh everyday or an industrial product as defined as follows. "Industrial products that meet the Environmental Protection Agency's

(EPA's) standards for "hospital grade" germicides (solutions that kill germs) may be used for sanitizing. Be cautious about industrial products that advertise themselves as "disinfectants", having "germicidal action", or "kills germs". While they may have some effect on germs, they may not have the same effectiveness as bleach and water or EPA approved hospital grade germicides." Taken from Caring for Our Children, Appendix pgs. 417-418.

- b. After spraying with a sanitizer, surfaces shall be wiped with a disposable paper towel to reduce the spread of germs.

Standard (2.10) states: The program shall adhere to the following cleaning and sanitation schedule:

- a. Countertops, door handles and cabinet handles cleaned and sanitized daily and when soiled.
- b. Tables shall be sanitized before and after snacks and meals.
- c. Food preparation and service surfaces cleaned and sanitized before and after contact with food activity and between preparation of raw and cooked food.
- d. Items used for personal care and hygiene such as sheets, blankets and pillowcases cleaned at least weekly and/or when visibly soiled. These items are to be used only by one child and are to be stored in such a way that items of one child are not touching items of another child. If individual cloth towels or washcloths are used, they should be used only once before being cleaned.
- e. The following cleaned and sanitized on a regular basis and/or when visibly soiled:
 - i. Toys including machine-washable cloth toys
 - ii. Dramatic play materials including dress-up clothing
 - iii. Other cloth items
- f. Toileting areas cleaned and sanitized when visibly soiled and at least nightly. Diapering areas cleaned and sanitized after each use.
- g. Sinks shall be sanitized after toileting hand-washing when the same sinks are going to be used for other purposes, e.g., before eating, before water table activities, after blowing nose, for washing toys, etc. As an exception to this rule, in order to avoid requiring children to wash their hands twice in quick succession between toileting and eating, the following applies: If children use the toilet, wash their hands and immediately sit down for a meal/snack, contamination of children's hands at the sink used after toileting must be minimized by having children or adults turn off the faucet with a disposable paper towel. (Taken from the Early Childhood Environment Rating Scale - ECERS)
- h. Water table emptied and sanitized after each day that it is used. Children and staff shall wash their hands before and after each use.

A program's health and safety policies help to ensure children's overall safety and well-being, while preventing the spread of disease. A program's written cleaning and sanitation policies should address:

- Schedule for Routine Cleaning of Classrooms, including; cleaning duties, products used for cleaning, individual(s) responsible for cleaning, times/days when cleaning occurs, and the requirements of Standards (2.9) and (2.10).

- Schedule for Routine Cleaning of Common Areas, Bathrooms, and Outdoor Area(s), including; cleaning duties, products used for cleaning, individual(s) responsible for cleaning, times/days when cleaning occurs,
- Procedures for addressing repairs and general maintenance issues

Diapering and Toileting

Standard (1.9) states: If enrolled children wear diapers, there shall be a diaper changing area and an adjacent hand-washing sink with warm and cold running water for each group of children. Diaper changing areas and hand washing sinks shall be separate and apart from any food preparation area.

Programs should have written policies regarding the enrollment of children with diapers or children who are toilet training. Program policies and procedures should also address responding to children who have had toileting accidents. These policies and procedures should be provided to families and to staff.

Guiding Children's Behavior

Standard (2.2) states: Food and outdoor play shall not be used as a reward or as a behavior consequence. Exceptions may only be made if specifically stated in a child's Individualized Education Program (IEP).

Standard (2.3) states: Physical punishment, threats or derogatory remarks are never permitted.

Standard (2.4) states: When a child presents with challenging behavior, teaching staff shall:

- Observe the child, then identify events, activities, interactions and other factors that predict and may contribute to challenging behavior.**
- Focus on teaching the child social communication and emotional regulation skills and using environmental modifications, activity modifications, adult or peer support and other intervention strategies to support the child's appropriate behavior rather than focusing only on eliminating the challenging behavior.**
- Respond to challenging behavior, including physical aggression, in a manner that:**
 - Provides for the safety of the child and others in the classroom**
 - Is calm and respectful to the child**
 - Provides the child with information about acceptable behavior**

"Children have to be given understandable guidelines for their behavior if they are to develop internal control of their actions. The aim is to develop personal standards in self-discipline, not to enforce a set of institutional rules," (Caring for Our Children). When thinking about written policies for Guiding Children's Behavior, programs need to be explicit with staff and families in regards to:

- what is not acceptable when interacting with a child,
- the procedures for responding to a child with challenging behavior, and

- guidelines for how information about children's behavior will be shared with families and other staff.

Programs should also consider the ways that staff will be supported to gain the knowledge and competencies they need to prevent and respond to children's challenging behavior.

Children with Special Needs

Standard (2.5) states: If there are children in the program who have special health care needs, specific health procedures shall be delivered, where appropriate, by a licensed/certified health professional or a staff person who has been trained to appropriately carry out such procedures. Such procedures may include, but not be limited to, Epi Pen, nebulizer, insulin injections, etc.

Standard (2.6) states: For each child with special health care needs or food allergies or special nutrition needs, the program shall request the family to obtain from the child's health provider an individualized care plan that is prepared in consultation with family members and specialists involved in the child's care. The program shall protect children with food allergies from contact with the problem food. The program shall ask families of a child with food allergies to give consent for posting information about that child's food allergy. If consent is given, then it shall post that information in the food preparation area and in the areas of the program the child uses so it is a visual reminder to all those who interact with the child during the program day. If consent for posting is not provided, then this information shall be shared with all relevant staff to ensure that they are informed.

Standard (2.12) states: Individualized evacuation plans for children with special needs shall be in place when appropriate.

Standard (2.13) states: The program shall ensure that specific training is provided to staff to be able to appropriately address health and safety of children with special needs, including medical needs.

High-quality educational programs work hard to ensure that all children can attend a program, regardless of his or her special health or educational needs. A program's written policies should address:

- the program's philosophy on the enrollment of children with health and special education needs,
- how children's special health care, allergy, nutrition and educational needs will be identified and supported, while maintaining confidentiality, by the program's staff,
- how the program will work with families to support the inclusion of children with special needs,
- the ways that staff will be supported to gain the knowledge and competencies they need to support children with special needs, and
- the process for identifying additional resources outside of the program, as needed.

Resources:

- American Academy of Pediatrics, American Public Health Association, and National Resource Center for Health and Safety in Child Care and Early Education (2002). *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, 2nd edition*. Elk Grove Village, IL: American Academy of Pediatrics and Washington, DC: American Public Health Association. Also available at <http://nrckids.org>.